



APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number:: 10/694,334
Filing Date:: October 27, 2003
Application Type:: Regular
Subject Matter:: Utility
Title:: DEVICES FOR FORMING AND/OR
MAINTAINING CONNECTIONS
BETWEEN ADJACENT ANATOMICAL
CONDUITS

Attorney Docket Number:: PA2009 DIV2
Request for Early Publication?: No
Request for Non-Publication?: No
Total Drawing Sheets:: 23
Small Entity:: No

APPLICANT INFORMATION

Applicant Authority Type:: 1st Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: STEVEN
Family Name:: KIM
City of Residence:: San Jose
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 1256 Roycott Way
City of mailing address:: San Jose
State/ Province of mailing address:: CA
Country of mailing address:: US
Postal/Zip Code of mailing address:: 95125

Applicant Authority Type:: 2nd Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: J.
Middle Name:: CHRISTOPHER
Family Name:: FLAHERTY
City of Residence:: Los Altos
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 11 Pine Lane
City of mailing address:: Los Altos
State/ Province of mailing address:: CA
Country of mailing address:: US
Postal/Zip Code of mailing address:: 94204

Applicant Authority Type:: 3rd Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: JASON
Middle Name:: BRIAN
Family Name:: WHITT
City of Residence:: San Francisco
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 2554 Franklin Street
City of mailing address:: San Francisco
State/ Province of mailing address:: CA
Country of mailing address:: US
Postal/Zip Code of mailing address:: 94133

Applicant Authority Type:: 4th Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: THEODORE
Middle Name:: C.
Family Name:: LAMSON
City of Residence:: Pleasanton
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 2172 Camino Brazos
City of mailing address:: Pleasanton
State/ Province of mailing address:: CA
Country of mailing address:: US
Postal/Zip Code of mailing address:: 94566

Applicant Authority Type:: 5th Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: JOSHUA
Family Name:: MAKOWER
City of Residence:: Los Altos
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 450 Tyndall Street
City of mailing address:: Los Altos
State/ Province of mailing address:: CA
Country of mailing address:: US
Postal/Zip Code of mailing address:: 92612

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 28390
Name:: Medtronic Vascular, Inc.
Street of mailing address:: 3576 Unocal Place
City of mailing address:: Santa Rosa
State/Province of mailing address:: CA
Country of mailing address:: US
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E-Mail address:: michael.joseph.jaro@medtronic.com

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of::	09/911,975	07/24/2001
09/911,975	Division of::	09/845,372	04/30/2001
09/845,372	Continuation of::	08/970,694	11/14/1997
08/970,694	Continuation-in-Part of::	PCT/US97/01468	01/31/1997